## MENTAL HEALTH BILLING/VERIFICATION (B/V) FORM

STATE BOARD OF CONTROL VICTIMS OF CRIME PROGRAM BC-VOC-0101 (REV. 6/00)

PAGE	OF
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	FOR BOARD USE ONLY
VOC CLAIM NUMBER	

DATES OF SERVICE		RIPTION OF S JAL, GROUP,	SERVICE FAMILY,	OTHER)	PROCEDURE CODE	SESSION LENGTH	BILLED AMOUNT	PATIENT'S INITIALS
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